

Extract from JSNA of CAMHS, March 2013

HAMMERSMITH AND FULHAM TIER 2 SERVICES

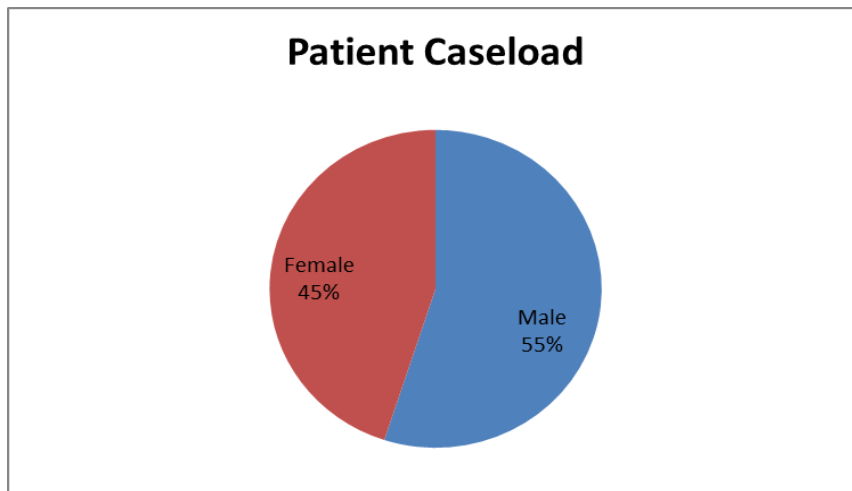
In Hammersmith & Fulham, Tier 2 services consist of Primary Mental Health Workers, Psychotherapists in schools, in the Primary Care Centre at Richford Gate, Looked After Children services, and services for Young Offenders. Data for those services is provided below.

The Tier 2 teams provide services in a number of community locations including schools, local authority sites, GP practice (Richford Gate), and home visits.

Primary Mental Health Workers

The Primary Mental Health Worker team provides support and guidance to promote children's emotional wellbeing in schools and other community settings, through consultation and training of professionals, and direct work with young people and families.

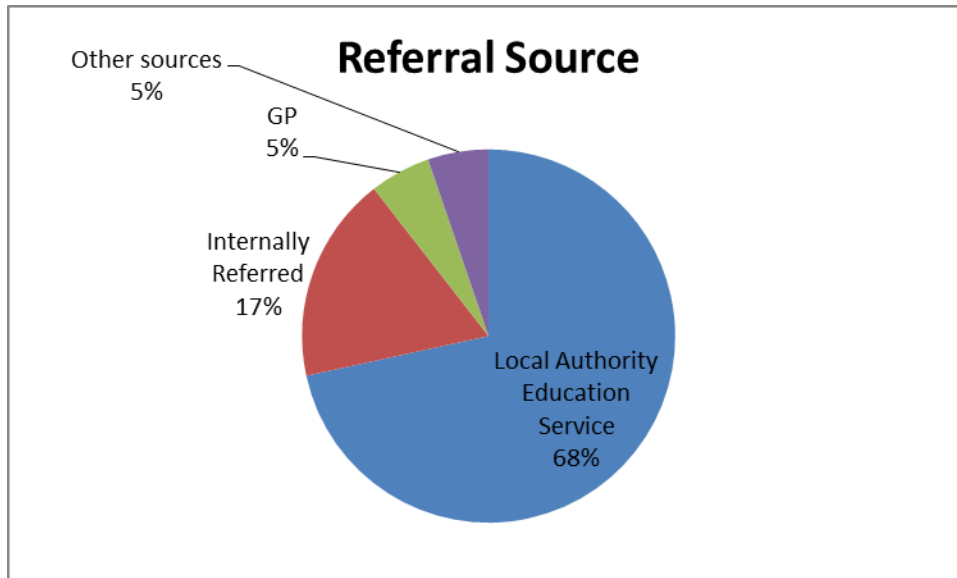
As of December 2012, the Primary Mental Health Worker caseload was 49 patients. 27 of the patients were Male (55%) and 22 were Female (45%).



The age range of patients seen was quite wide (ages 1-17). The ages which had the highest number of patients on the caseload were ages 4, 6, 11 and 12, each having 6 patients of that age.

There was no discernible difference in the ethnicity of this cohort of patients compared to that presented above for all CAMHS teams.

In terms of referral source, 68% of referrals came from the Local authority Education service, 17% were Internally referred, and 5% were from a General Practitioner. Only 11 other referrals came from outside of these sources.



Between April 2011 and March 2012, 1,224 appointments were offered, of which 82% were attended. Over this period DNA rates for this service averaged at approx. 16%.

Psychotherapy in Schools

The Psychotherapy in Schools programme in Hammersmith & Fulham is a Child Psychotherapy outreach service for children with emotional and behavioural difficulties which is provided at a community Early Years Centre.

As of December 2012, the Psychotherapy in Schools caseload was 28 patients. 13 of the patients were Male (46%) and 15 were Female (54%).

The age range of patients seen was quite young (ages 2-12). The majority of patients were aged between 2 and 5 (89%) - only 3 patients were older than this age range. Due to the small numbers of patients it is difficult to draw distinct comparison to the local population in terms of ethnicity, as you would expect the data to fluctuate. However, as of December 2012, we can say that children of ethnic Black groups were over-represented in this cohort compared to the local population.

In terms of referral source, all except two referrals were from Local Authority Education Services.

Between April 2011 and March 2012, 542 appointments were offered, of which 94% were attended. Over this period DNA rates for this service averaged at approx. 6%.

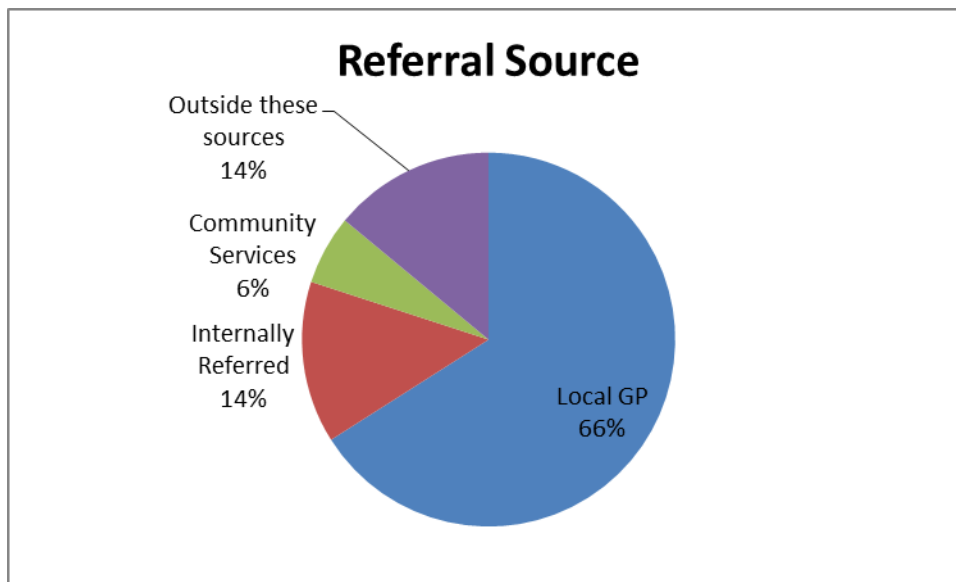
Primary Care (Richford Gate)

The Richford Gate Primary Care Centre offers a Clinical Psychology service for children and young people with emotional and behavioural difficulties, providing time-limited interventions in a primary care setting.

As of December 2012, the Richford Gate caseload was 19 patients. 8 of the patients were Male (42%) and 11 were Female (58%).

The age range of patients seen was wide, between 2 and 17, and evenly spread between this age range. Due to the small numbers it is difficult to draw any inference into this.

For this service, data on ethnicity was poorly coded. With just over 50% of the patients having no ethnicity stated.



Between April 2011 and March 2012, 425 appointments were offered, of which 85% were attended. Over this period DNA rates for this service averaged at approx. 15%.

Looked After Children

The Looked After Children service in Hammersmith & Fulham is a collaborative service that invites specialist mental health input into to a multi-agency service for Looked After Children and those leaving care. The LAC team remit is to provide a service to looked after children via direct work and through consultancy, teaching, training and therapeutic support to foster carers and social workers about understanding and responding to the mental health needs and experiences of children in care.

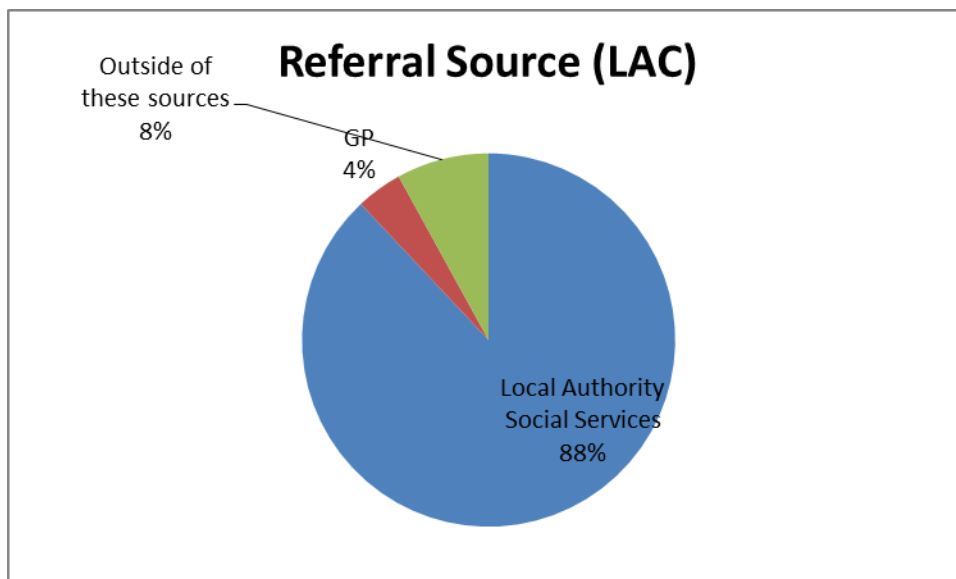
Distinctive direct models of intervention are used depending on what is perceived to be the most useful and appropriate for the child, carer or parent. The integrative approach enables the team to be adaptive to the needs of family placement services in order to continuously reassess and evaluate how support can be provided.

The overarching ethos of the service is to support the child, carer, family and professional systems to work together in bringing about positive outcomes for the looked after child.

The team are currently based with LAC services at Cobbs Hall. The team will see children and their families on site or in the home; this is dependent on what works best for the child and/or carer.

As of December 2012, the Looked After Children's team caseload was 52 patients. An even split of Male and Females were recorded, 26 of each. The age range of patients seen was wide, between 4 and 18, and evenly spread between this age range. Due to the small numbers it is difficult to draw any inference into this.

Due to the small numbers of patients it is difficult to draw distinct comparison to the local population in terms of ethnicity, as you would expect the data to fluctuate. However, as of December 2012, we can say that children of ethnic Black and Mixed groups were over-represented in this cohort compared to the local population.



Between April 2011 and March 2012, 265 appointments were offered, of which 76% were attended. Over this period DNA rates for this service averaged at approx. 24%.

Dominant themes within the referrals were reported as being:-

- Preventing placement breakdown.
- Directly or indirectly via the carer, supporting looked after children manage transitions (i.e. from birth family into care; moving foster placement; moving from foster care into permanency).
- Support to the carer in understanding and managing behaviours of looked after children.
- Emotional and behavioural difficulties of the child that can include severe temper tantrums.
- Self-esteem work with newly adopted young person.
- Preparatory work with family before referral to (out of borough) tier 3 CAMHS.
- Direct work with birth parent of looked after child.
- Support to the carer of a pregnant LAC (Unaccompanied minor).
- Eating problems for the looked after child.
- Child enuresis, and,
- Minor deliberate self-harm.

In addition to the data above, the Clinical Nurse Specialist of this team undertakes appropriately 30 consultations each month with social workers from the LAC & Leaving Care Service. From these, 10 approximate referrals are made to local or external tier 3 CAMHS, per month. 37

The Clinical Nurse Specialist currently has between 15-20 on-going liaisons with external agencies related to looked after children placed outside of Hammersmith & Fulham.

From the **Tri-borough JSNA CAMHS, March 2013**, available at www.jsna.info